

**CALIFORNIA ARCHITECTS BOARD**

400 R STREET, SUITE 4000, SACRAMENTO, CALIFORNIA 95814-6238

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E-mail: [cab@dca.ca.gov](mailto:cab@dca.ca.gov)Web: [cab.ca.gov](http://cab.ca.gov)**APPLICATION FOR ELIGIBILITY EVALUATION****Architect Registration Examination**

TYPE OR PRINT CLEARLY IN INK

NAME: \_\_\_\_\_ SCHOOL CODE: \_\_\_\_\_  
(LAST / FIRST / MIDDLE) PROVIDE SCHOOL CODE OF  
HIGHEST DEGREE EARNED  
(see School List)KNOWN BY ANY OTHER NAME: \_\_\_\_\_  
(INCLUDE MAIDEN NAME)ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ COUNTY CODE: \_\_\_\_\_  
(see County Code List)

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

BIRTHDATE (MONTH / DAY / YEAR): \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: ☐ MALE ☐ FEMALESOCIAL SECURITY # <sup>1</sup>: \_\_\_\_\_ NCARB FILE # <sup>2</sup>: \_\_\_\_\_Have you ever submitted an application or been deemed ineligible for the ARE in California? ☐ YES ☐ NO  
If yes, give date of application \_\_\_\_\_☐ Check box if requesting reasonable accommodations pursuant to the Americans with Disabilities Act <sup>2</sup>**\$100 ☒ Eligibility Review Fee** *This fee is non-refundable and will cover the administrative cost of application processing and eligibility evaluation. It is required for all new candidates.***Amount of Enclosed Check: \$ \_\_\_\_\_****Attach a check for the \$100 Eligibility Review Fee.****Make the check payable to the CALIFORNIA ARCHITECTS BOARD.***I certify under penalty of perjury under the laws of the State of California that the information on this application is true and correct.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The information requested on this application is required under Sections 5526, 5550, 5551, and 5552 of the Business and Professions Code. All items are mandatory. The information provided will be used to determine qualifications for licensure. The Executive Officer of the Board is responsible for information maintenance.*

<sup>1</sup> Disclosure of your social security number is mandatory. Collection is authorized by Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. 405(c)(2)(C)]. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

<sup>2</sup> Please see instruction letter for more information.

**FOR OFFICE USE ONLY**

Receipt # \_\_\_\_\_

Fee Paid \_\_\_\_\_

Date \_\_\_\_\_

ID # \_\_\_\_\_

LIC # \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

**(OVER)**

**EDUCATION:**

HIGH SCHOOL GRADUATE:

☐ YES☐ NO

DATE GRADUATED: \_\_\_\_\_

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED		DEGREE RECEIVED	DATE COMPLETED
		SEMESTER UNITS	QUARTER UNITS		

OTHER SCHOOLING (Extension and Correspondence Work):  
\_\_\_\_\_**EXPERIENCE:**

PERIOD OF EMPLOYMENT	EMPLOYER'S PROFESSIONAL BACKGROUND	NAME/ADDRESS OF FIRM(S)
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer:  Licensed as: (architect, engineer, contractor)	
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer:  Licensed as: (architect, engineer, contractor)	
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer:  Licensed as: (architect, engineer, contractor)	
FROM _____ TO _____ TOTAL ____ YR. ____ MO. FULL-TIME ____ PART-TIME ____ HOURS PER WEEK: _____	Name of Employer:  Licensed as: (architect, engineer, contractor)	

Have you ever been licensed to practice architecture in another state or foreign country?

☐ YES☐ NO

If yes, please complete the following:

STATE/COUNTRY	LICENSE #	DATE GRANTED	REQUIREMENTS FOR LICENSURE
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Have you ever had registration denied, suspended, or revoked or otherwise

☐ YES☐ NO

been disciplined by a public agency in any state or country? If yes, explain details below.

Have you ever pleaded guilty or been convicted by a court of an offense?

☐ YES☐ NO

If yes, please explain details below. Indicate the date and place of arrest, name of court, court case number, code section violated, a brief explanation of the offense, and the sentence imposed. If convicted under another name, please indicate other name.

**NOTE: CONVICTIONS DISMISSED UNDER SECTION 1203.4 OF THE PENAL CODE MUST BE SHOWN.****YOU MAY OMIT:**

- Traffic infractions for which the fine imposed was \$150 or less.
- Any offense which was adjudicated in a juvenile court or under a youth offender law.
- Any incident that has been sealed or disposed under Welfare and Institutions Code Section 781 or Penal Code Sections 1000.5 and 1203.45.

ALL OTHER CONVICTIONS MUST BE INDICATED

ADDITIONAL SPACE: \_\_\_\_\_